

OBSTETRICS

UNDER THE CHARGE OF

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Facial Paralysis after Spontaneous Labor.—CARLSSON (*Zentralblatt f. Gynäkologie*, 1912, No. 45) finds that facial paralysis may arise during intra-uterine life and develop during labor, after spontaneous labor, after forceps application, and after other methods of vaginal delivery. His own case was that of a primipara, aged thirty-four years, well developed, previously healthy, who had a somewhat tedious labor. The membranes appeared in the vulva and soon afterward ruptured. The head was then upon the pelvic floor. The child was expelled spontaneously in the first position, vertex presentation, the face being directed toward the right side of the mother. The child was a female, slightly asphyxiated, easily revived, and cried loudly, and on examination a right-sided facial paralysis was present. The child weighed 2710 grams, length 47 cm., and the dimensions of the cranium were not above the average. The placenta was expelled ten minutes after the birth of the child. The examination of the child showed no evidence of adhesions to the amnion. On examining the fetal head carefully, the left posterior parietal bone was pushed beneath the right, at a point 2.5 cm. from the sagittal suture, and 3 cm. from the lambdoid suture there was a pressure-mark 2 cm. long and 0.5 cm. wide in the skin, whose greatest diameter was parallel with the sagittal suture; and at the anterior portion of the skin there was a dark bluish area of small size. There was no impression in the cranial bone, and the caput was upon the right parietal bone and had not extended over the border of the adjacent bone. The forehead was smooth upon both sides, and when the child cried the left side of the face only assumed the usual position. The right eye remained open, the conjunctivæ in both eyes showing small punctiform hemorrhage. On the right side the nasolabial groove could scarcely be discerned. On the left side it was plainly present. The angle of the mouth was drawn toward the left. The uvula was in the middle line, and there was no divergence of the tongue. The child nursed without difficulty. The child gradually improved, so that when it was discharged from the hospital the paralysis was only evident when the child cried. The mother's pelvic measurements were somewhat below the average, the external conjugate being 18.5 cm. The second patient was that of a multipara delivered in spontaneous labor with normal position, presentation, and mechanism. There was no caput succedaneum. The child was a male, weighing 3720 grams. Facial paralysis developed on the left side, but persisted for two days only.

The writer has collected 36 cases in the literature of the subject, in all of whom the conjugata vera was below the normal. He concludes that this paralysis is always peripheral and not central. It is caused by pressure at the stylomastoid foramen upon the nerve trunk during

labor. In the majority of cases this pressure is made by the symphysis pubis, in the lesser number by the promontory of the sacrum. These cases are rarely observed except in moderately contracted pelvis, and the average duration of the lesion is eight days.

Aortitis in a Child Having Congenital Syphilis.—REBAUDI reports from Döderlein's clinic in Munich (*Monatsschrift f. Geburtshülfe und Gynäkologie*, 1912, Band xxxv, Heft 6) 17 cases in which spirochetes were found in the fetal liver, lungs, suprarenals, and other organs. Five of these were prematurely born at seven months, many of them macerated, and seven were prematurely born at five months. One died soon after birth, one was dead born, eight macerated, and three were in the ninth month. Two were dead born and macerated, and one perished three hours after labor; two were fully developed; one at full term was dead born, and another perished five days after labor. Portions were taken from the arch and the ascending and descending aorta, and examined microscopically to determine the existence of spirochetes. Sections were also made and colored by various methods. In addition to the 17 cases, 9 others were obtained from colleagues for purposes of study. In the 13 patients the characteristic lesions of syphilis were found in the portions of the aorta examined, and this was thought to be the cause of fetal death. In 5 of the 13 cases spirochæta were positively present, and in the series of 9 cases also available for examination spirochæta were found in the wall of the aorta in 3. Where the germs were present it was detected in the connective tissue of the adventitia of the aorta and also in the vicinity of the vasa vasorum in the thickened wall between the muscle bundles and elastic fibres. In one case of premature macerated fetus the liver, spleen, kidneys, suprarenals, Fallopian tubes, and uterus, showed abundant spirochæta. The intima of the vessels was enlarged, the hyperplastic and the lumen of the vessels considerably diminished at the point of lesion. Spirochæta were also found in the blood cells in the lumen of the aorta, of the arch, and in the vasa vasorum, either free or surrounded by leukocytes.

Influence of Pituitrin upon the Child.—SPAETH (*Zentralblatt f. Gynäkologie*, 1913, No. 5) cites the case of a primipara with normal pelvis admitted to hospital, the child in breech presentation and in second position. When dilatation was complete the membranes protruded and ruptured during examination, with the discharge of meconium. The child was still high above the pelvic brim. As labor pains were deficient, $\frac{5}{16}$ gram of pituitrin was given subcutaneously, producing vigorous pains which ceased after an hour. A second injection was given, followed by better pains, which brought the breech of the child quickly into the pelvic brim. The mother was then partly anesthetized with ether, the perineum incised in the median line, and the child readily extracted, the cord once about the neck, but apparently not constricted. The child was asphyxiated, the heart beat very slow, and respiratory movements were irregular and infrequent. The child died half an hour after birth. At autopsy there was no injury to the cranium or spinal column, no extravasation of blood in the brain or cord, and no laceration of the tentorium. The thymus was not enlarged, the heart, lungs and kidneys were normal, and the child had not inspired mucus or fluid in the trachea or bronchial